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JCS19 U.S. PTO

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. DMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>MESS0001</b>
First Inventor or Application Identifier	<b>Messenger</b>	
Title	<b>High Speed Data Classification System</b>	
Express Mail Label No.	<b>EL816158326US</b>	

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages <b>256</b> ] (preferred arrangement set forth below)	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
- Descriptive title of the invention	a. <input type="checkbox"/> Computer Readable Copy		
- Cross References to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)		
- Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statement verifying identity of above copies		
- Reference to Microfiche Appendix	<b>ACCOMPANYING APPLICATION PARTS</b>		
- Background of the Invention	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
- Brief Summary of the Invention	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney		
- Brief Description of the Drawings (if filed)	9. <input type="checkbox"/> English Translation Document (if applicable)		
- Detailed Description	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
- Claim(s)	11. <input type="checkbox"/> Preliminary Amendment		
- Abstract of the Disclosure	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>23</b> ]	13. <input checked="" type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/08-12) Status still proper and desired		
4. Oath or Declaration [Total Pages <b>2</b> ]	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	15. <input type="checkbox"/> Other:		
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)			
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).			

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED BY C.F.R. § 1.27, EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON BY C.F.R. § 1.28.

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. **J**  
 Prior continuation information: Examiner **Group / Art Unit**  
 For **CONTINUATION or DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label **22862** or ☐ Correspondence address below  
 (Insert Customer No. or Attach bar code label here)

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Name (Print/Type)	<b>Michael A. Glenn</b>	Registration No. (Attorney/Agent)	<b>30,176</b>
Signature		Date	<b>8/30/2001</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
 See 37 C.F.R. §§ 1.27 and 1.29

TOTAL AMOUNT OF PAYMENT (\$ ) 1,256.00

### Complete if Known

Application Number Unassigned  
 Filing Date Herewith  
 First Named Inventor Messenger  
 Examiner Name Unassigned  
 Group / Art Unit Unassigned  
 Attorney Docket No. MESS0001

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 07-1445

Deposit Account Name Glenn Patent Group

☒ Charge Any Additional Fee Required  
 Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:  
☐ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 760 201 380		Utility filing fee	355.00
106 310 206 155		Design filing fee	
107 480 207 240		Plant filing fee	
108 760 208 380		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$ ) 355.00

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	Multiple Dependent		
89	69	9.00	621.00
10	7	40.00	280.00

\*\*or number previously paid, if greater. For Reissues, see below

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 18 203 9		Claims in excess of 20	
102 78 202 39		Independent claims in excess of 3	
104 260 204 130		Multiple dependent claim, if not paid over original patent	
109 78 209 39		** Reissue independent claims	
110 18 210 9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ ) 901.00

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 380 216 190		Extension for reply within second month	
117 870 217 435		Extension for reply within third month	
118 1,360 218 680		Extension for reply within fourth month	
128 1,850 228 925		Extension for reply within fifth month	
119 300 219 150		Notice of Appeal	
120 300 220 150		Filing a brief in support of an appeal	
121 260 221 130		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,210 241 605		Petition to revive - unintentional	
142 1,210 242 605		Utility issue fee (or reissue)	
143 430 243 215		Design issue fee	
144 580 244 290		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Petitions related to provisional applications	
126 240 126 240		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (lines number of properties)	0.00
146 760 246 380		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760 249 380		For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 0.00

### SUBMITTED BY

Name (Print/Type) Michael A. Glenn

Signature

Registration No. 30,176  
 (Attorney/Agent)

### Complete if applicable

Telephone 650-474-8400

Date 8/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.